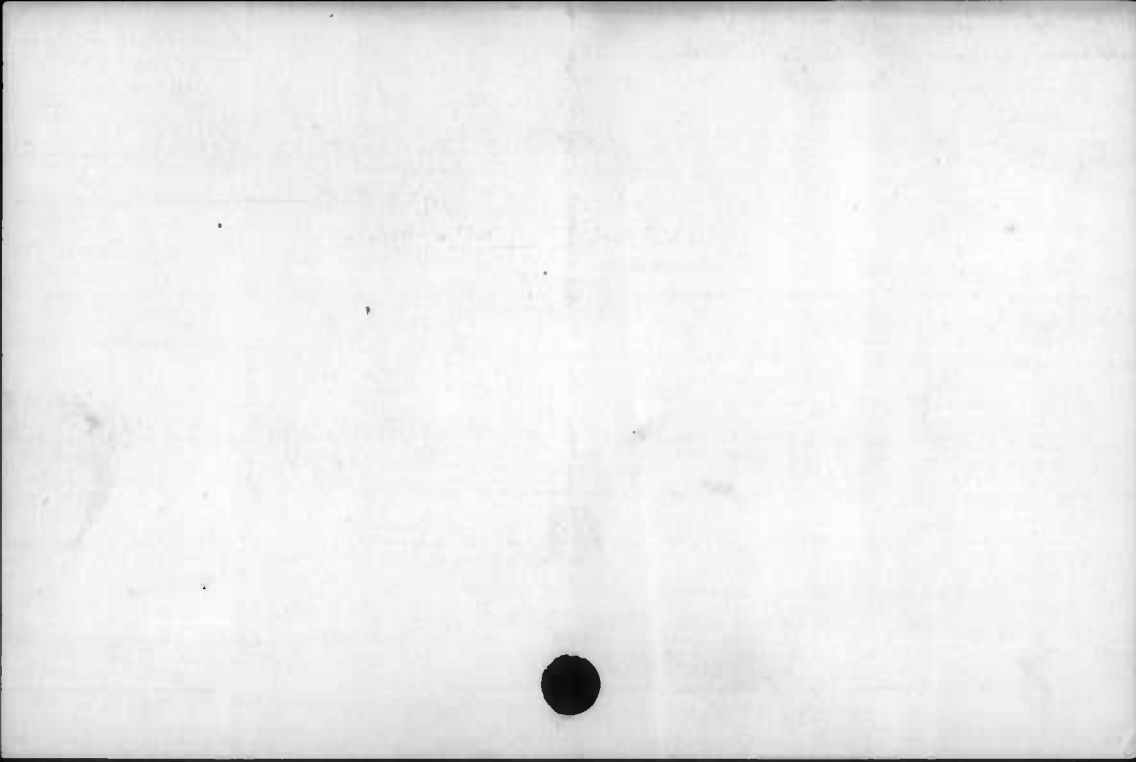


Name in Full		Baby Aaron				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Fishing Creek		Dorchester		MARYLAND
	Date of death		1900	Jan	8th	Age	9 days
	Sex		Female		Color or Race		white
	Occupation				Birth-place		Fishing Creek
					Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name		Charles James Aaron		Father's Birthplace		Barren Island
Mother's Maiden Name		Fallie Oneal Creighton		Mother's Birthplace		Fishing Creek	
Name of person giving information		Fallie Oneal Creighton		How related to deceased		Mother	
				CAUSES OF DEATH		151 ✓	
PHYSICIAN OR CORONER	Primary		Premature Birth		How long		
	Immediate		Diphtheria		How long		9 days.
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		James W. Meade Jr. M.D.
					Address		Fishing Creek Md.
	Accident or Suicide?		Negative.				



Name
in
Full

Ada M. Abbott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1960 Month Jan. Day 29 Age 24 Years Months Days

Sex Female Color or Race White Birth-place Maryland

Occupation Housewife Where Residing if not at place of death Cambridge

Married, Single or Widowed Married Name of Wife or Husband Alonso H. Abbott

Father's Name Thomas Goslin Father's Birthplace Maryland

Mother's Maiden Name Emily Housley Mother's Birthplace

Name of person giving Information Alonso H. Abbott How related to deceased Husband

CAUSES OF DEATH

Primary Infection How long 119 ✓

Immediate Pneumonia How long 3 or 4 days

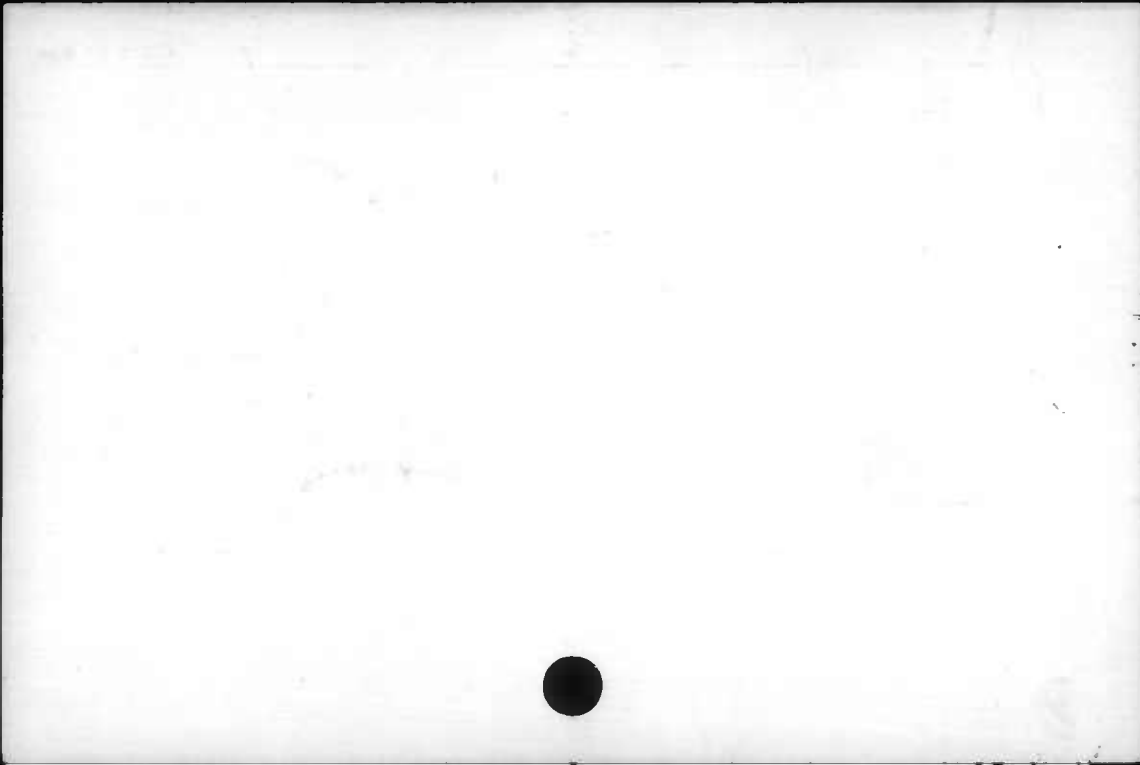
Are the name, age, sex, color, date and place correctly given above? yes

Signature of
Physician

Address

John M. [unclear]
Cambridge

Accident or Suicide noPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

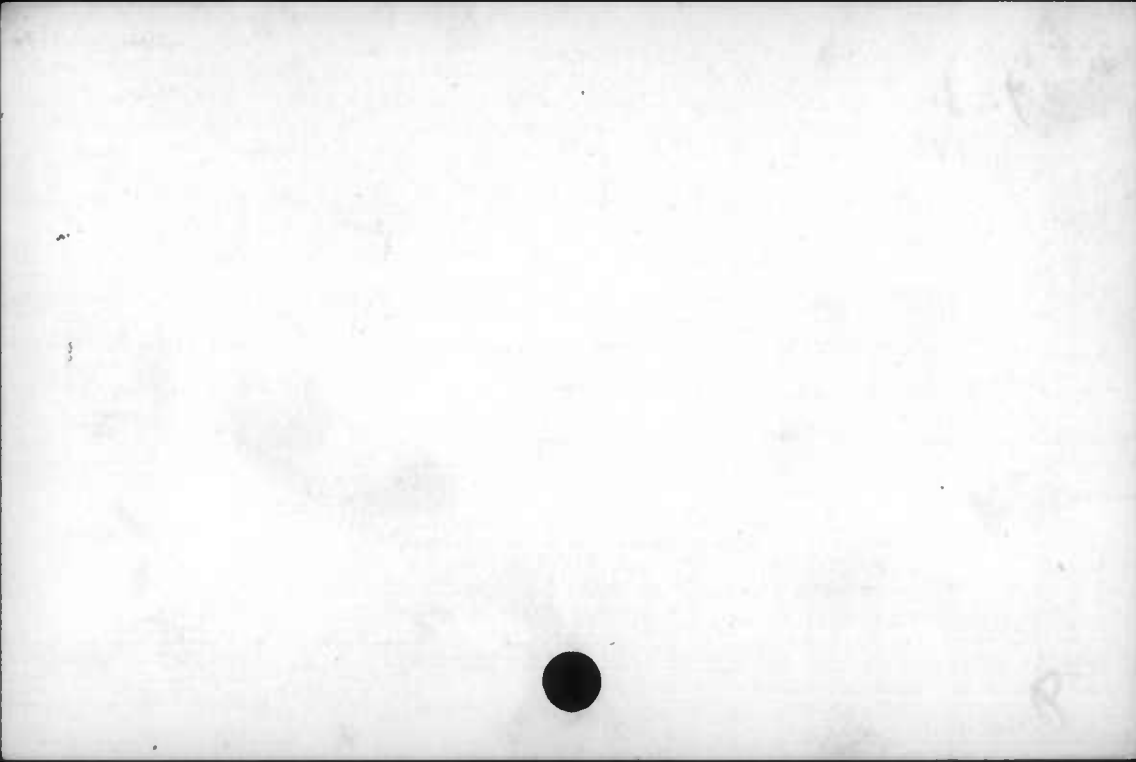
Died at <i>Surlock</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death <i>1900 Jan 3</i>	Month <i>Jan</i>	Day <i>3</i>	Age <i>64</i> Years	Months	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore Md</i>		
Occupation <i>Labor</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>John Adams</i>				
Father's Name <i>William Carroll</i>	Father's Birthplace <i>Texas</i>				
Mother's Maiden Name <i>Carroll</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>John Vaughn</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>2 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. H. Maguire</i>
	Address <i>Surlock Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Isaac Barnes

Town

County

MARYLAND

Died at Golden Hill

Orchester

Date

Month

Day

Years

Months

Days

of death 1900

Jan.

17

Age

2

3

Sex

Male

Color or
Race

Black

Birth-
place

Orchester Co

Occupation

✓

Where Residing if not
at place of death

✓

Married, Single
or Widowed

✓

Name of Wife or
Husband

✓

Father's
Name

Grant Lee

Father's
Birthplace

Orchester Co

Mother's
Maiden Name

Ida Barnes

Mother's
Birthplace

Orchester Co

Name of person giving
Information

Ida Barnes

How related
to deceased

mother

CAUSES OF DEATH

Primary

Bronchitis

How long

2 weeks

Immediate

acute Conjunctivitis

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. Carroll

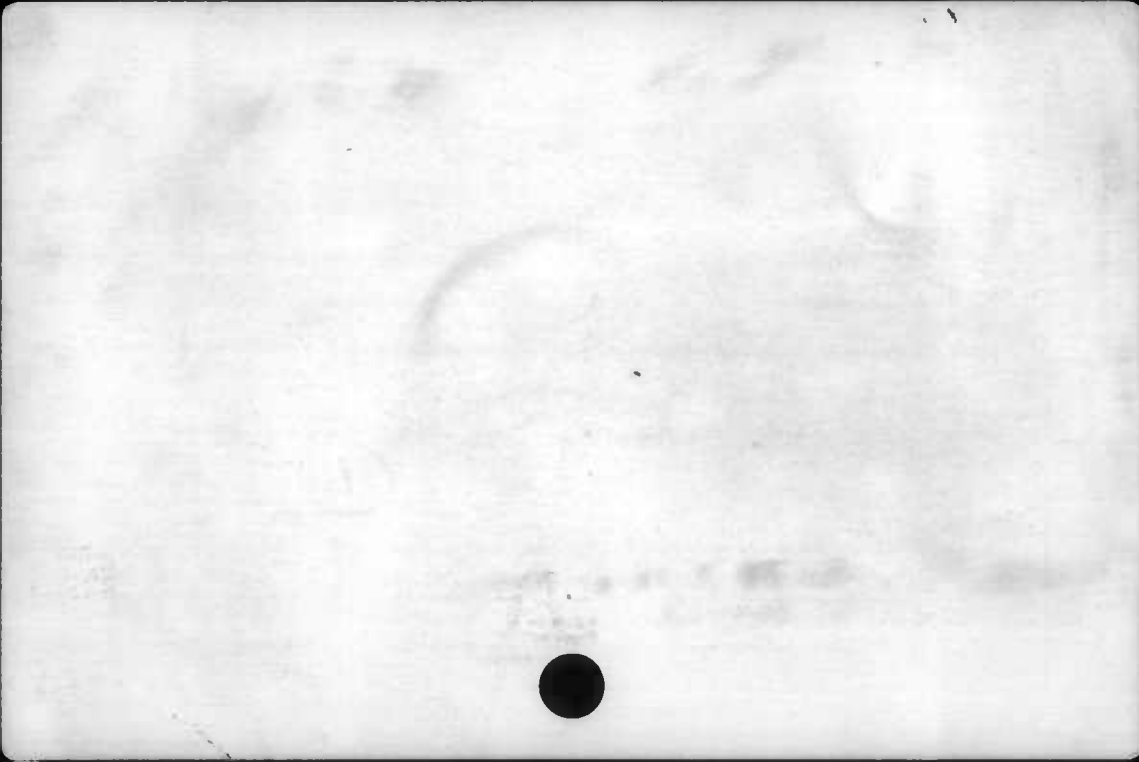
Address

Cambridge Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Ogg T. Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

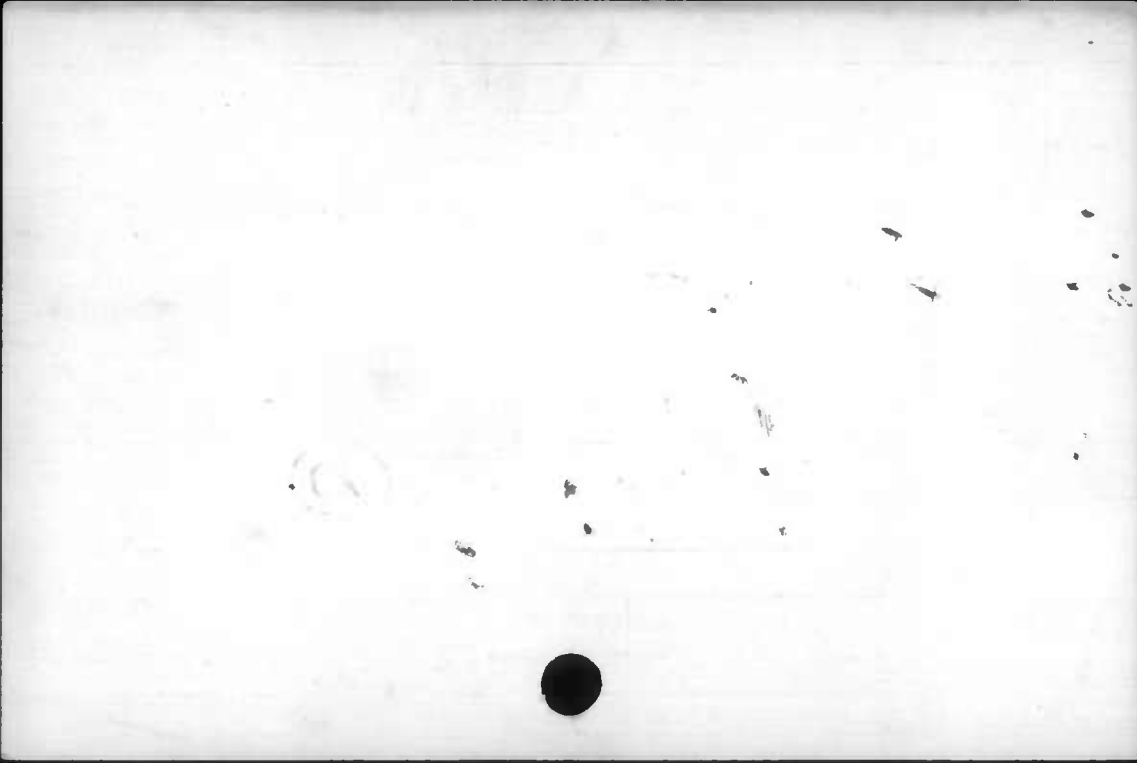
Died at <u>Kamarrigay</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death 19 <u>10</u> Month <u>Jan</u> Day <u>9th</u>		Age <u>40</u> Years		Months <u>1</u> Days <u></u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>James P. Church Creek</u>	
Occupation <u>Huckstering</u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>Mrs. Jane Hughes</u>			
Father's Name <u>D. Benjamin Bell</u>		Father's Birthplace <u>Bucktown</u>			
Mother's Maiden Name <u>Amie M. Corey</u>		Mother's Birthplace <u>Aireys</u>			
Name of parson giving Information <u>D. Benjamin Bell</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <u>Lung cancer</u>		How long <u>few days</u>
Immediate <u>Complications of Lung & Kidney</u>		How long <u>2nd day</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John [Signature]</u>
		Address <u>Bucktown, Md</u>
Accident or Suicide		



Name
in Full

Willie G. Breewood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Antioch* Town *Dorchester* County *MARYLAND*

Date of death 19*60* Jan. *17* Day *32* Age *32* Months Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *Antioch*

Married, Single or Widowed *Married* Name of Wife or Husband *Charles H. Breewood*

Father's Name *Wm. Mills* Father's Birthplace *Maryland*

Mother's Maiden Name *Sarah L. Moffett* Mother's Birthplace *"*

Name of person giving Information *John S. Skinner* How related to deceased *None*

CAUSES OF DEATH

Primary *Tuberculosis* How long *7 months*

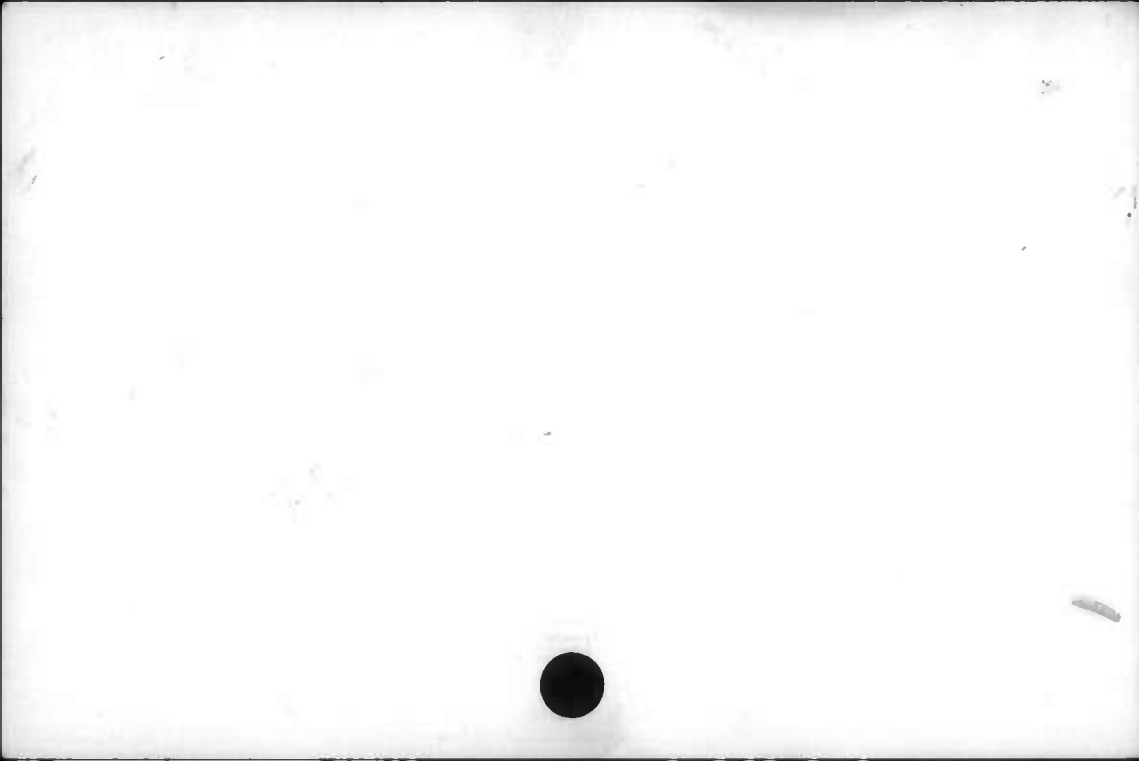
Immediate *General debility* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John W. [Signature]*

Willie Address *Dorchester*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Flora Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

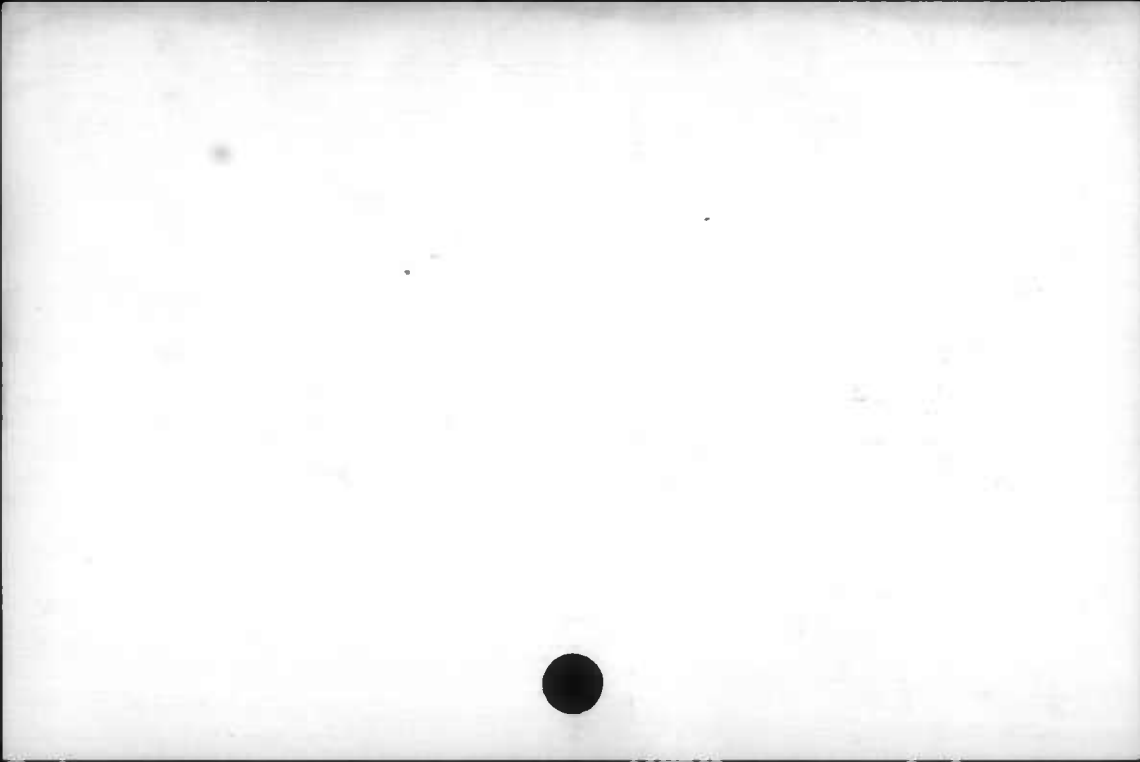
Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death <u>1900</u>	<u>January</u> Month	<u>3</u> Day	Age <u>47</u> Years	<u>00</u> Months	<u>00</u> Days
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Ann Arundel Co</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>in</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Nathaniel Bryan</u>				
Father's Name <u>Washington Alton</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Baltimore Md</u>				
Name of person giving information <u>Susan Cooper</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

43 ✓

PHYSICIAN
OR CORONER

Primary	<u>Carcinoma of Breast</u>	How long	<u>One year</u>
Immediate	<u>Exhaustion</u>	How long	<u>Several weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Lester P. Reynolds M.D.</u>
		Address	<u>Cambridge, Md</u>
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> <u>June</u> ^{Month}		<u>17</u> ^{Day}	Age <u>66</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Dorchester Co</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary A Camper</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>Gracie Waters</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

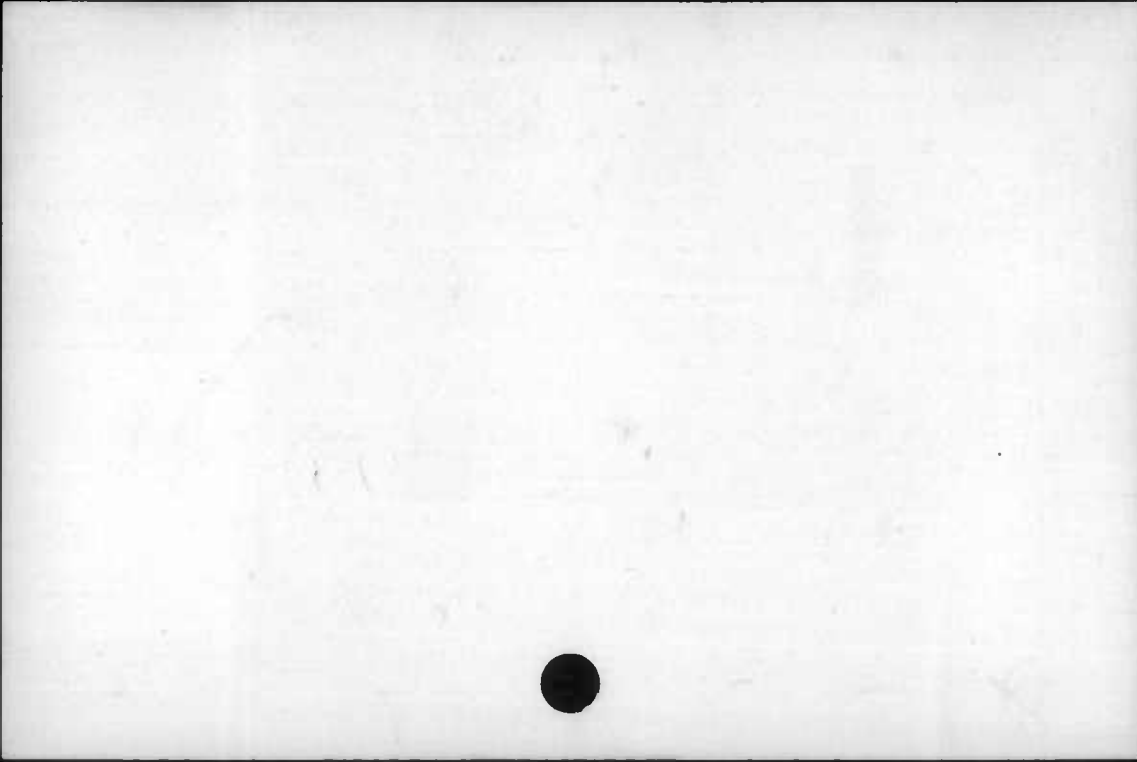
119 ✓

PHYSICIAN
OR CORONER

Primary <u>Nephritis</u>	How long <u>3 mos</u>
Immediate <u>Cardiac failure</u>	How long <u>Several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Sexton P. Reynolds MD</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide <u>—</u>	



Name in Full		Dufour of Daisy Carr.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Vienna	County Dorchester	MARYLAND		
		Date of death		1900	Month Jan	Day 12	Age —	Months —
		Sex		Male		Color or Race	Colored.	
		Birth-place		Md.				
		Occupation		Dufour.		Where Residing if not at place of death		
		Married, Single or Widowed		Dufour		Name of Wife or Husband Dorcas Farrar.		
		Father's Name		Dorcas Farrar.		Father's Birthplace Md.		
		Mother's Maiden Name		Daisy Carr.		Mother's Birthplace Md.		
Name of person giving information		Wm Carr.		How related to deceased		Grandfather.		
				CAUSES OF DEATH		(151) ✓		
PHYSICIAN OR CORONER		Primary		Congenital Debility		How long 24 hrs.		
		Immediate		Exhaustion		How long immediate		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Dr H B Clark.		
		Address		Vienna Md				
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Caroline Chase

Town *near Woodford* County *Dorchester* MARYLAND

Died at *near Woodford*

Date of death 1900 Jan 16 Age 61

Month Jan Day 16 Years 61 Months 1 Days 1

Sex *Female* Color or Race *Black* Birth-place *Dorchester Co*

Occupation *Housewife* Where Residing if not at place of death ☒

Married, Single or Widowed *married* Name of Wife or Husband *John C Chase*

Father's Name *Henry Waters* Father's Birthplace *Dorchester Co*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Samuel J. Chase* How related to deceased *Son*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

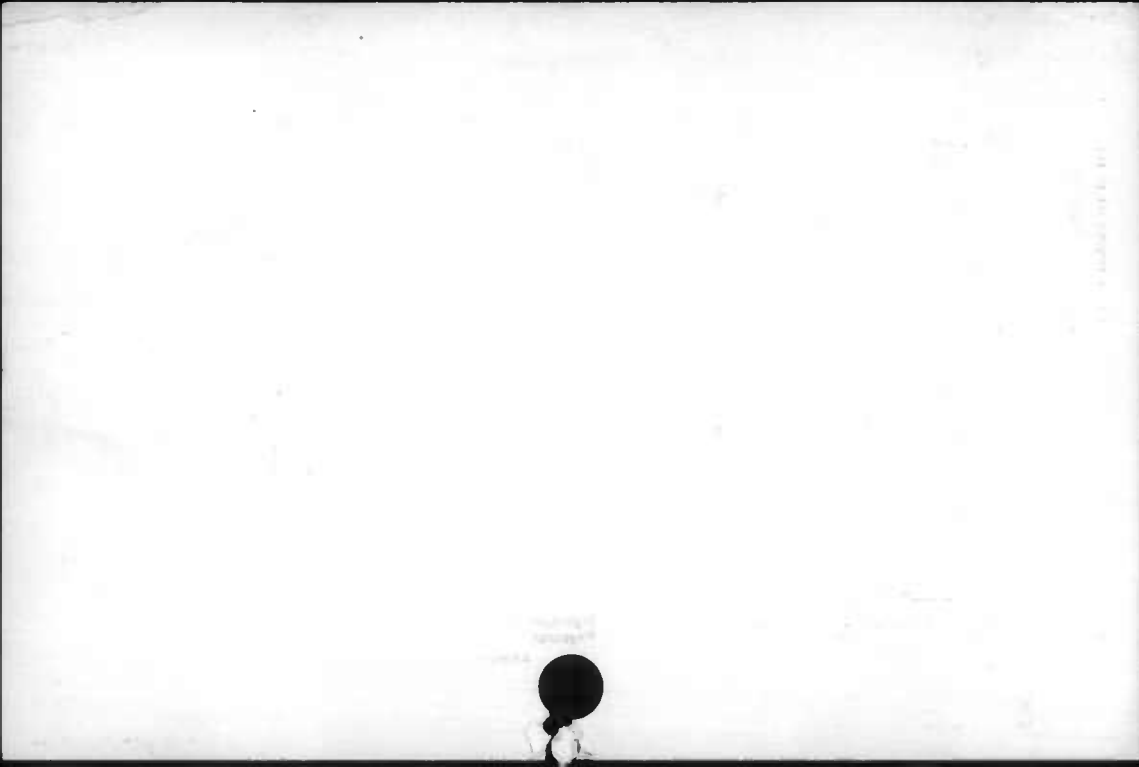
Primary *Atherosclerosis* How long *26 hours*

Immediate *Atherosclerosis* How long *26 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. H. H. H.* Address *Cambridge Md.*

Accident or Suicide ☒



Name
in
Full

CERTIFICATE OF DEATH

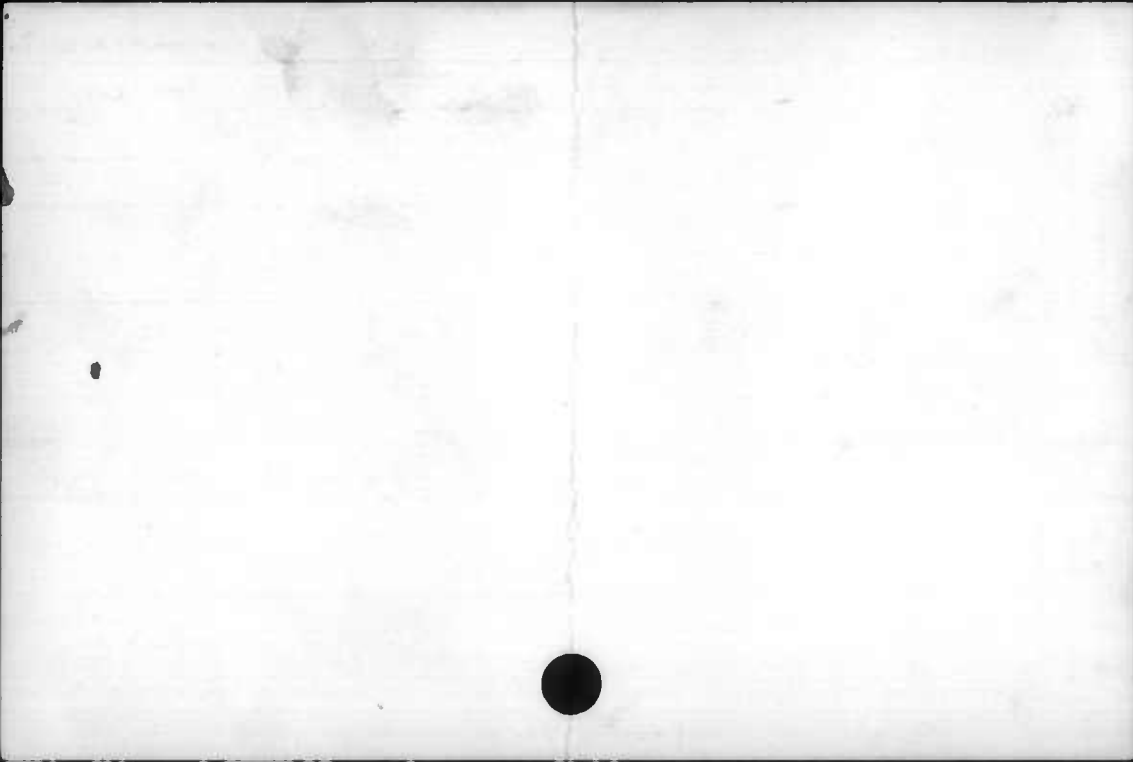
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles E. Cornish</i>		Town <i>Finchville</i>		County <i>Dor</i>		MARYLAND	
Died at <i>Finchville</i>		Month <i>Jan</i>		Day <i>9</i>		Years <i>75</i>	
Date of death <i>1904</i>		Month <i>Jan</i>		Day <i>9</i>		Years <i>75</i>	
Sex <i>male</i>		Color or Race <i>black</i>		Birth-place <i>md</i>			
Occupation <i>laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving Information <i>Jacob Evans</i>		How related to deceased <i>son in law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>3 days</i>
Immediate	<i>heart disease</i>	How long	<i>unknown</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician <i>R. Kemp Jefferson</i>		Address <i>Federalburg md</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John H. L. Cornish</i>		Town <i>Taylor's Island</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>					
Died at <i>Taylor's Island</i>		Month <i>Jan</i>		Day <i>23</i>		Years <i>—</i>		Months <i>—</i>		Days <i>5</i>	
Date of death 19 <i>10</i>		Month <i>Jan</i>		Day <i>23</i>		Age <i>—</i>		Years <i>—</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>African</i>		Birth- place <i>Md</i>							
Occupation <i>#</i>		Where Residing if not at place of death <i>#</i>									
Married, Single or Widowed <i>#</i>		Name of Wife or Husband <i>#</i>									
Father's Name <i>Geo. Matney</i>		Father's Birthplace <i>Md</i>									
Mother's Maiden Name <i>Beatrice Cornish</i>		Mother's Birthplace <i>Md</i>									
Name of person giving Information <i>Alex Cornish</i>		How related to deceased <i>Grandfather</i>									

CAUSES OF DEATH

152

How long

5 day

How long

*1 day*PHYSICIAN
OR CORONER

Primary <i>Cyanosis Neonatorum</i>	Signature of Physician <i>J. R. Shivers Jr.</i>
Immediate <i>Cardiac Failure</i>	Address <i>Taylor's Island</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	<i>Md</i>
Accident or Suicide <i>#</i>	



Name
in
Full

Susan Corry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hurlock</i>		Town		County		MARYLAND	
Date of death	<i>190-</i>	<i>Jan</i>	Month	<i>30</i>	Day	<i>84</i>	Age
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Federalburg</i>		Months <i>11</i> Days <i>-</i>	
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>Hurlock</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Miriam Corry</i>					
Father's Name <i>James Nichols</i>				Father's Birthplace <i>Corr. Co</i>			
Mother's Maiden Name <i>Elizabeth Black</i>				Mother's Birthplace <i>Corr Co</i>			
Name of person giving information <i>Charles Corry</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

99 ✓

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Hurlock, Md</i>
Accident or Suicide?	



Name
in
Full

Annie L. Donoho

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1980 Month Jan Day 4 Age 24 Months 3 Days 12

Sex Female Color or Race White Birth-place Maryland

Occupation Operator Where Residing if not at place of death Cambridge

Married, Single or Widowed Single Name of Wife or Husband

Father's Name S. M. Donoho Father's Birthplace Maryland

Mother's Maiden Name Della Ruark Mother's Birthplace

Name of person giving Information W. R. Piray How related to deceased Cousin

CAUSES OF DEATH

Primary Typhoid How long 7 days

Immediate Typhoid + Pneumonia How long 7 days

Are the name, age, sex, color, date and place correctly given above?

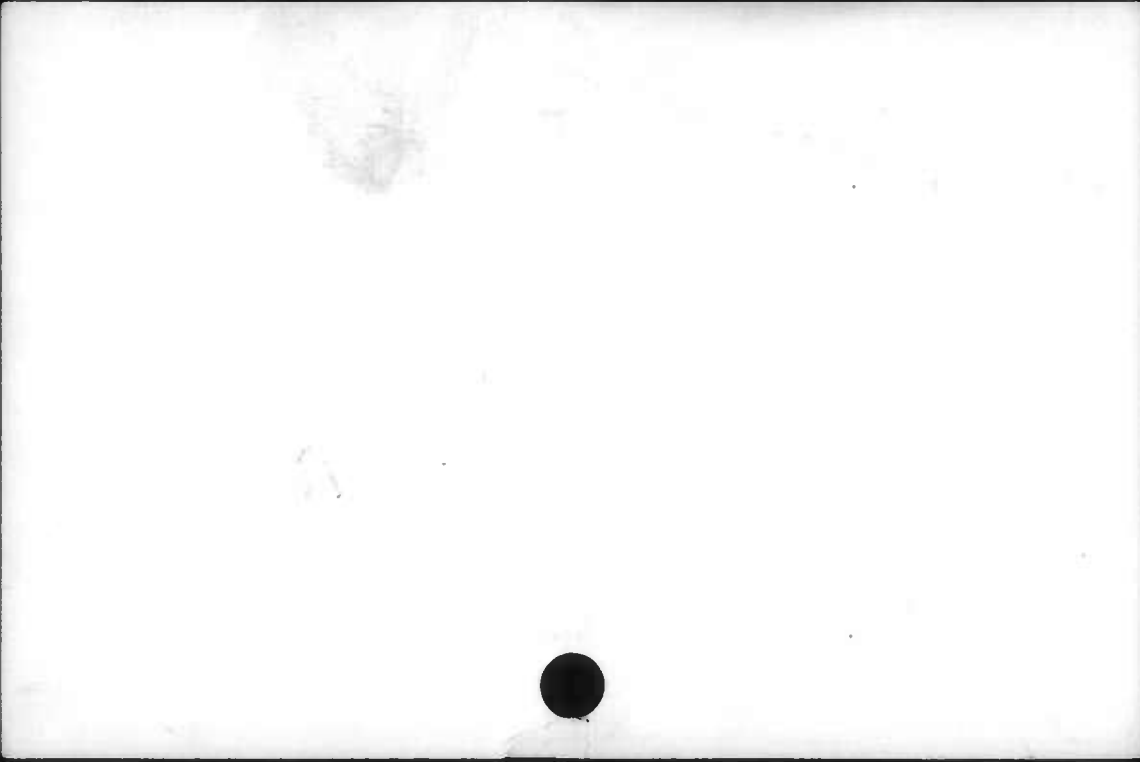
Signature of
Physician

Address

Dr. E. L. Brown
Cambridge, Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Alouze Farrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

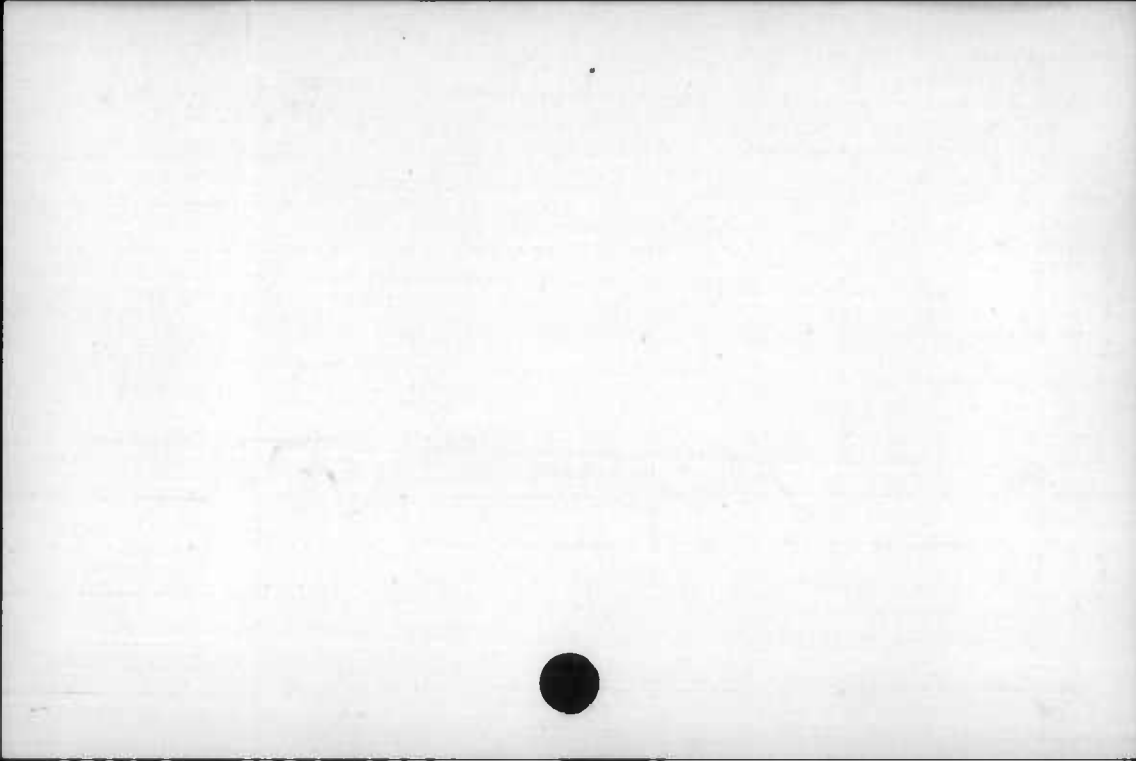
Died at		Town Vienna		County Norton		MARYLAND	
Date of death	1990	Month Jan	Day 8th	Age 55	Years	Months	Days
Sex	Female		Color or Race	Colored.		Birth- place	nd.
Occupation	Housewife.			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Moses Farrow.			
Father's Name	James Jones.					Father's Birthplace	nd.
Mother's Maiden Name	Harriet Camper.					Mother's Birthplace	nd.
Name of person giving In formation	Moses Farrow.					How related to deceased	Husband.

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary	Tuber Pneumonia		How long	6 days.
Immediate	Heart Failure.		How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Vienna nd.		
Accident or Suicide?				



Name
in
Full

Friedrick Giese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1910 Jan 1</i>		Month <i>Jan</i>		Day <i>1</i>		Age <i>14</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wisconsin</i>		Months <i>10</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Mar Cambridge</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>H. H. Giese</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Louisa Beyer</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>H. H. Giese</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long <i>Two months</i>
Immediate	<i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician <i>Rev C. H. M. Stanley</i>
		Address <i>Cambridge Md</i>
Accident or Suicide		

PHYSICIAN
OR CORONER



Name
in
Full

Mary C. Hassitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County Co MARYLAND

Date of death 1960 Month Jan Day 10 Age 64 Years Months Days

Sex Female Color or Race White Birth-place Dorchester

Occupation Home Keeper Where Residing if not at place of death Cambridge

~~Married, Single or Widowed~~ Name of Wife or Husband Jamus H Hassitt

Father's Name Dont Know Father's Birthplace Dont Know

Mother's Maiden Name Virginia Maddole Mother's Birthplace Cambridge

Name of person giving Information Howard Hassitt How related to deceased Son

CAUSES OF DEATH

Primary Cancer of uterus + pelvic organs How long dont know

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Mace MD
Cambridge Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hattie Jackson

Town

County

MARYLAND

Died at Petersburg

Date

1910

Month

Jan

Day

28

Age

Years

Months

3

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Petersburg

Occupation

Where Residing if not
at place of death

Same

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Charlie Jackson

Father's
Birthplace

Petersburg

Mother's
Maiden Name

Mary Thompson

Mother's
Birthplace

"

Name of person giving
Information

Father

How related
to deceased

CAUSES OF DEATH

189

✓

Primary

no Physician in attendance

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

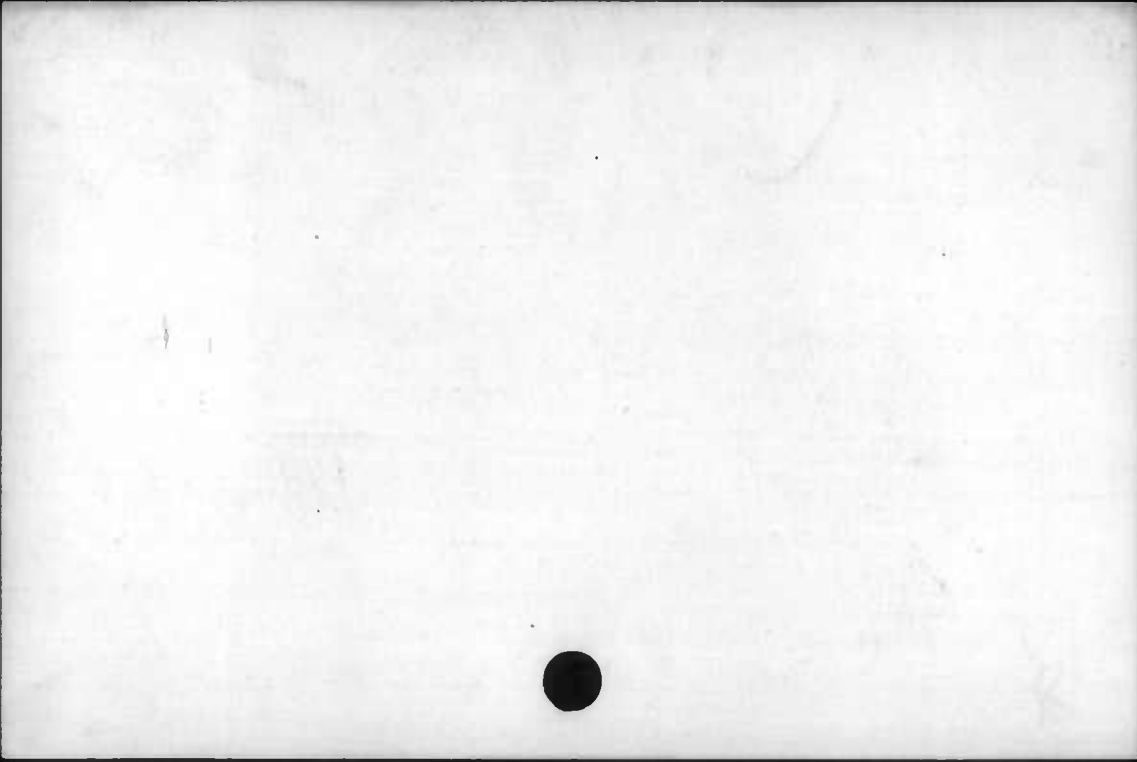
Signature of
Physician

Robert L. Hastings

Address

Local Register
Harlock Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Helitha M. Jackson

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Date

Month

Day

Years

Months

Days

of death

1940 Jan.

30

Age

62

TO BE ANSWERED BY
NEAREST FRIEND

Sex

Female

Color or
Race

White

Birth-
place

Norway

Occupation

Housewife

Where Residing if not
at place of death

Cambridge Md.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Peter H. Jackson

Father's
Name

Do not know

Father's
Birthplace

Unknown

Mother's
Maiden Name

" "

Mother's
Birthplace

Unknown

Name of person giving
Information

Peter H. Jackson

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Tuberculosis

How long

Several years

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

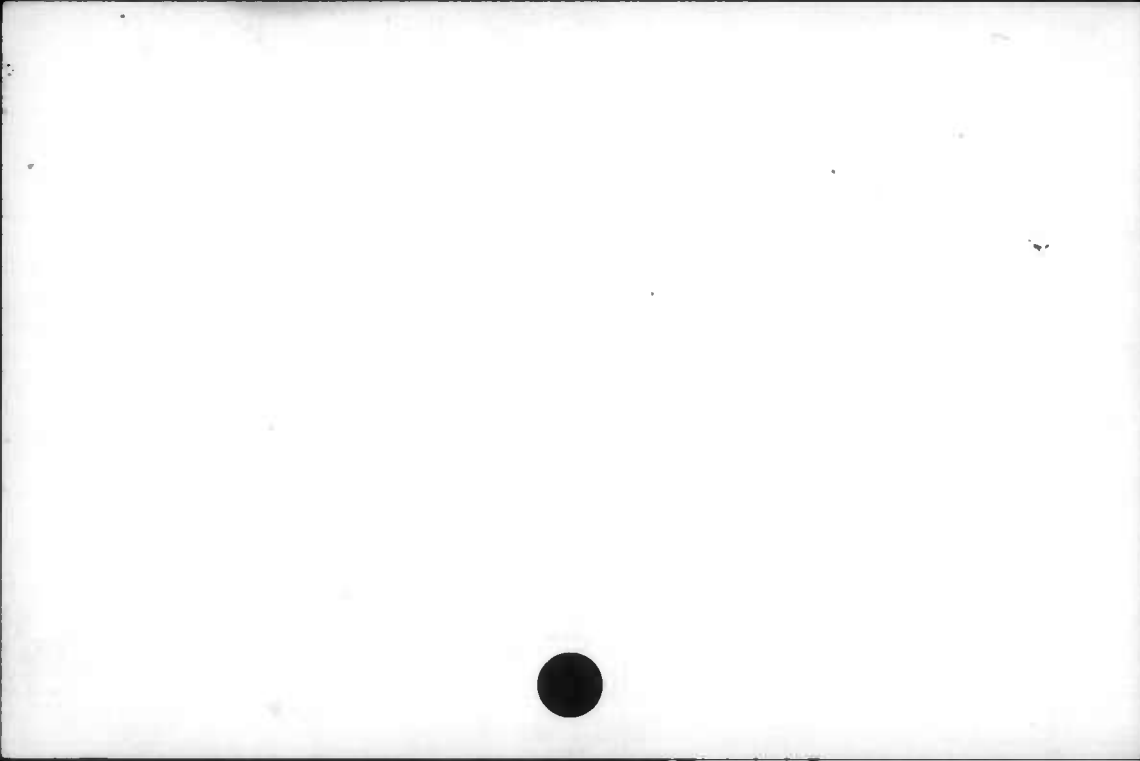
E.E. Waelf

Address

Cambridge, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in Full

Infant, Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Baltimore* Town *Dor.* County **MARYLAND**

Date of death 1900 Month *Jan* Day *9* Age *1* Months Days

Sex *Male* Color or Race *negro* Birth-place *Maryland*

Occupation Where Raiding if not at place of death *Baltimore*

~~Married~~, Single or Widowed Name of Wife or Husband

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *Tilly Johnson* Mother's Birthplace *Maryland*

Name of person giving Information *Wilber Waters* How related to deceased *uncle*

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary *Asphyxia* *How long* *Unknown*

Immediate *asphyxia* *How long* *Unknown*

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *Chas. M. Handy M.D.*

No M.D. called Address *Health Officer*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Alfred Lolley
 Died at Hudlock Town Dorchester County
 Date of death 1900 Jan. 26th Age 24 Months 4 Days
 Sex male Color or Race colored Birth-place Md
 Occupation Laborer Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband Emma Johnson
 Father's Name James Lolley Father's Birthplace Md
 Mother's Maiden Name Margaret Sampson Mother's Birthplace Md
 Name of person giving Information James Lolley How related to deceased Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

George H Jolley

Town

Cambridge

County

Borchester Co

MARYLAND

Date

of death 1900

Month

Jan

Day

15

Age

75

Years

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Borchester Co

Occupation

Labor Work

Where Reiding if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Mary Jolley

Father's
Name

Don't Know

Father's
Birthplace

Don't Know

Mother's
Maiden Name

Sophia Campen

Mother's
Birthplace

Don't Know

Name of person giving
Information

Mary Jolley

How related
to deceased

Wife

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

Seven days

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

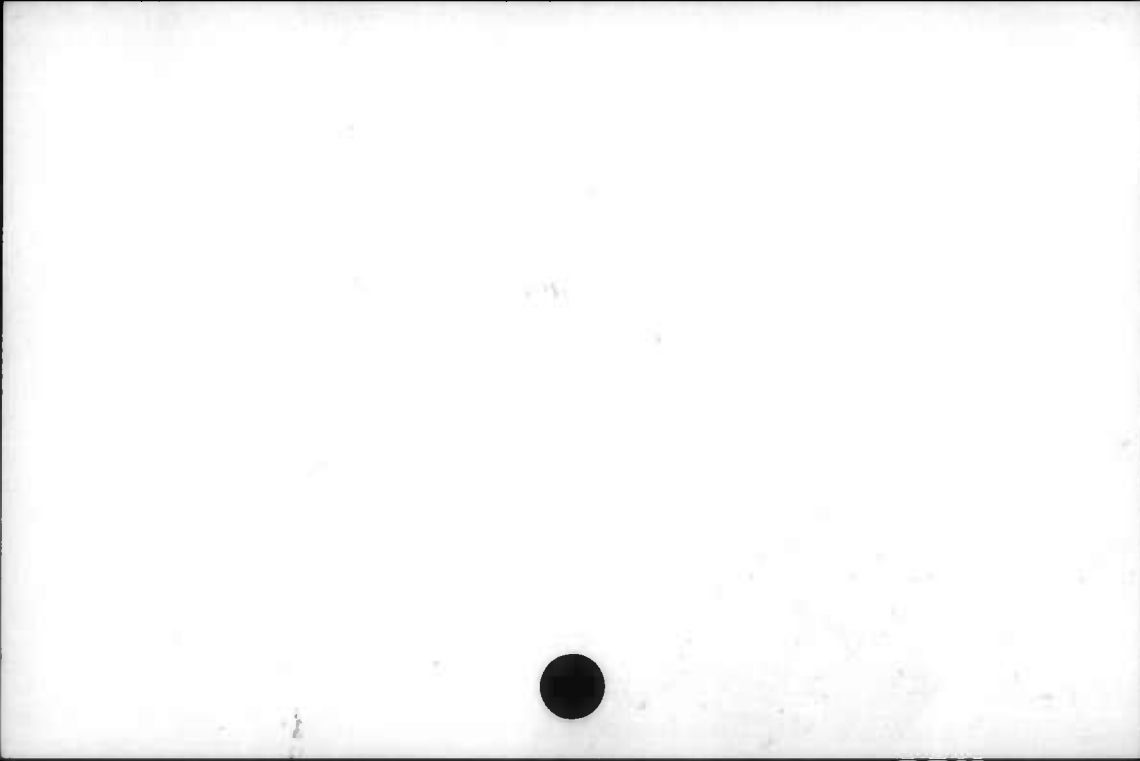
Dexter P. Reynolds MD

Address

Cambridge, Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Mary Joeey

TO BE ANSWERED BY
NEAREST FRIEND

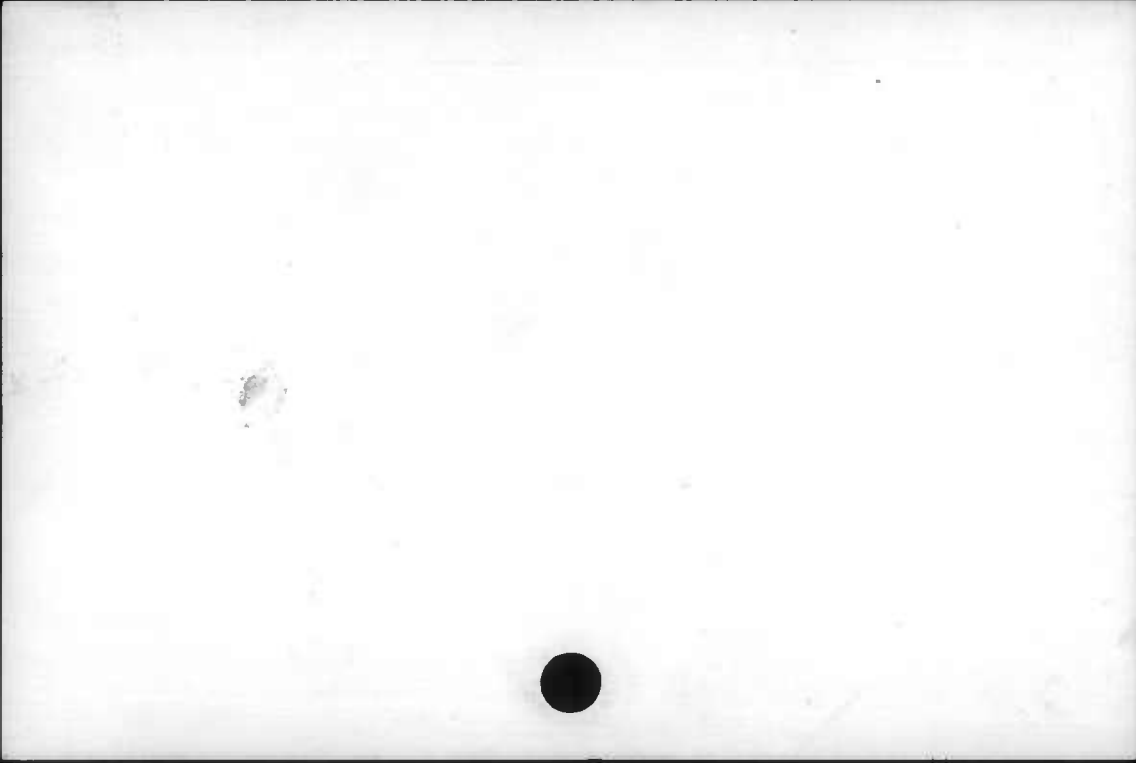
Died at	Cambridge	County	Dorchester	MARYLAND	
Date of death	1900	Month	January	Day	31
Age	Years		Months		Days
Sex	Female	Color or Race	Colored	Birth-place	Dorchester Co
Occupation	House work		Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Easer Joeey		
Father's Name	Robert Smith		Father's Birthplace	Dorchester Co	
Mother's Maiden Name	Jane Smith		Mother's Birthplace	Dorchester Co	
Name of person giving Information	Robert Smith		How related to deceased	Brother	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Two weeks
Immediate	Cardiac Failure	How long	several days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Lester P Reynolds M.D.
		Address	Cambridge Md
Accident or Suicida			



Name
in
Full

CERTIFICATE OF DEATH

Infant, (unnamed) Jones

Town

County

Died at

Bishop's Head

Dorchester

MARYLAND

Date

of death

1900

Month

Jan

Day

19

Years

Age

Months

Days

3

Sex

Female

Color or
Race

White

Birth-
place

Bishop's Head Md

Occupation

None

Where Residing if not
at place of death

Died at home

Married, Single
or Widowed

Single

Name of Wife or
Husband

Not married

Father's
Name

Foster G. Jones

Father's
Birthplace

Bishop's Head Md

Mother's
Meidan Nema

Annamora Jones

Mother's
Birthplace

Bishop's Head Md

Name of parson giving
Information

Foster G. Jones

How related
to deceased

Father

CAUSES OF DEATH

71

✓

Primary

How long

Immediate

Infantile Convulsions

How long

19 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. M. White

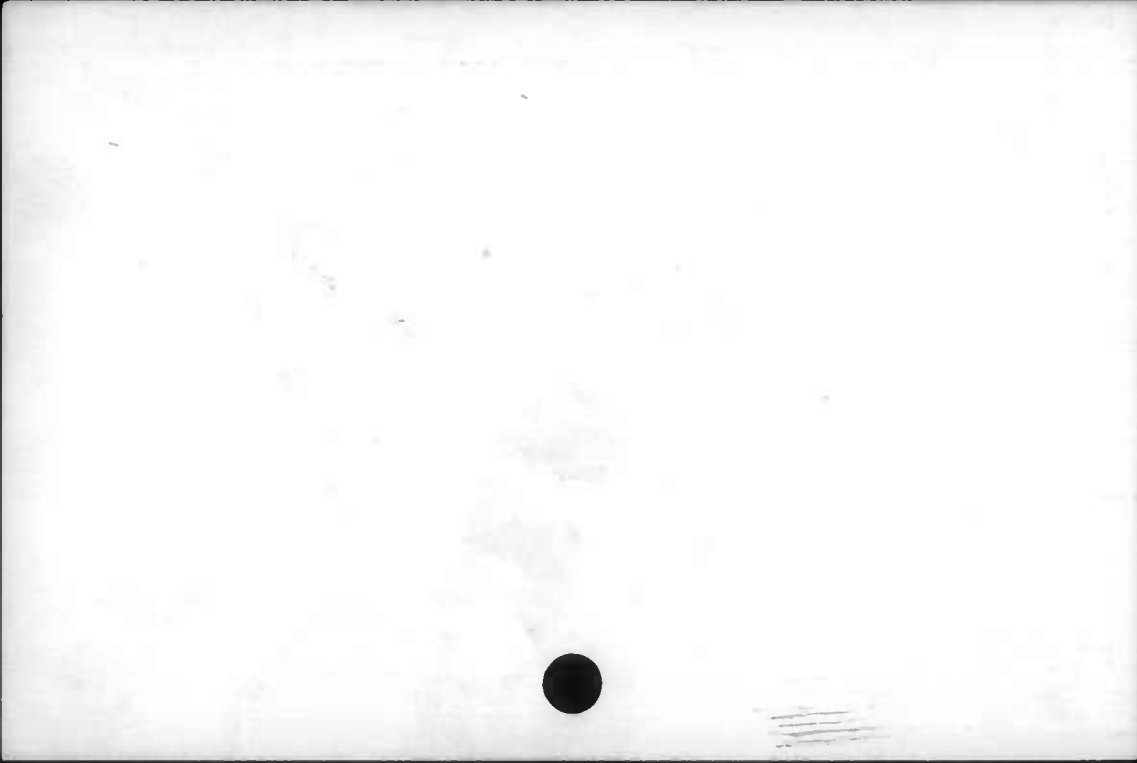
Address

Rapo, Dorchester Co
Md

Accident or Suicide

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Baby without name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

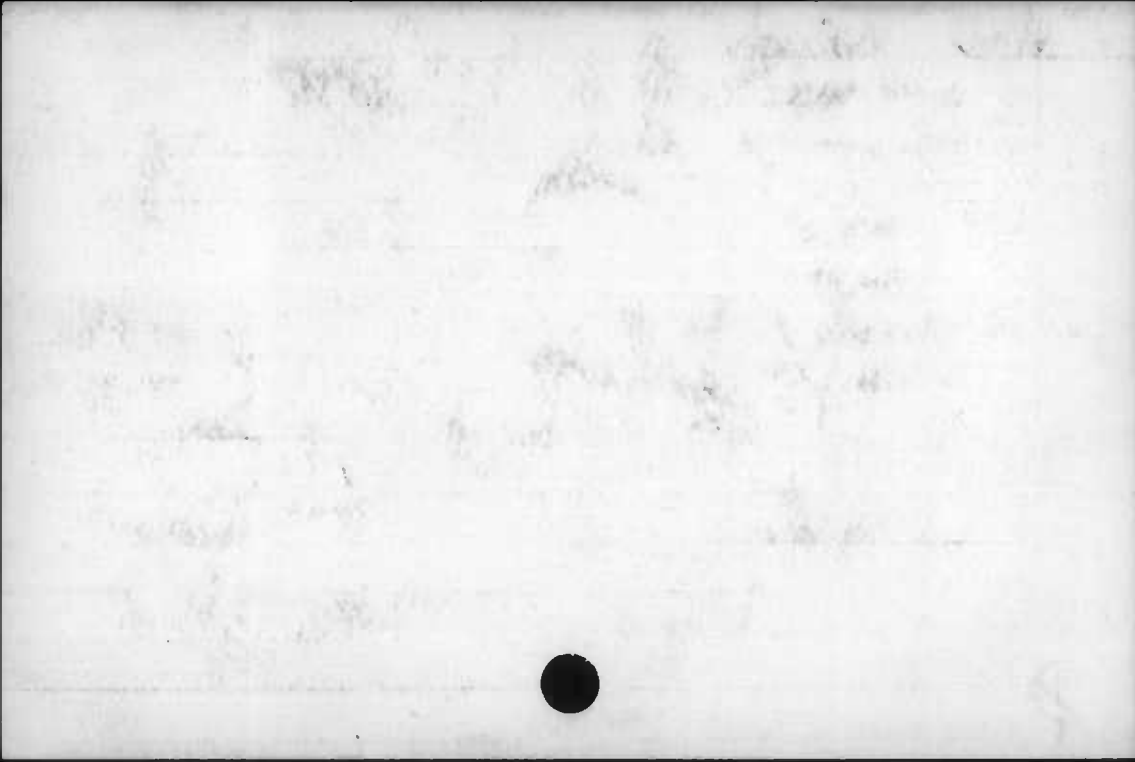
Died at <i>Bishop Head</i> ^{Town} <i>District 10</i> ^{County} <i>Dorchester</i>		MARYLAND	
Date <i>1910</i> ^{Month} <i>January</i> ^{Day} <i>30</i> ^{Years} <i>—</i>	Age <i>—</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Bishop Head</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>at place of birth</i>		
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>nan</i>		
Father's Name <i>Morris Jones</i>	Father's Birthplace <i>Todd Hill</i>		
Mother's Maiden Name <i>Malissa Jones</i>	Mother's Birthplace <i>Bishop Head</i>		
Name of person giving information <i>Winnie Jones</i>	How related to deceased <i>uncle</i>		

CAUSES OF DEATH

199

PHYSICIAN
OR CORONER

Primary	<i>Suppose heart failure</i>	How long <i>immediate</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>no Physician in attendance</i> <i>Wm H. Pitchett J.P.</i>
		Address <i>Subregister Bishop Head m d</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

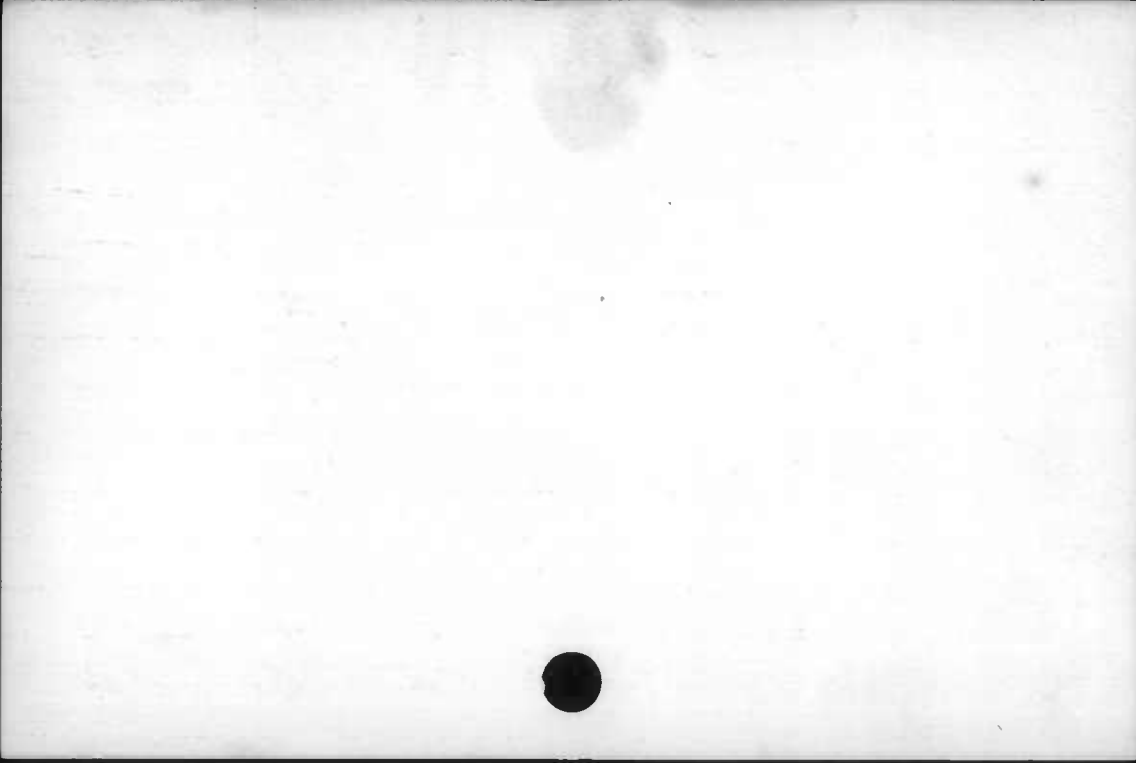
MARYLAND

Died at *Lloyd Jumps* Town *Hurlock*County *Dor*Date of death *1901* *1* Month *17* Day *1* Age *2* Years *2* Months *2* DaysSex *Male* Color or Race *White* Birth-place *Dor Co*Occupation *none* Where Residing if not at place of death *none*Married, Single or Widowed *single* Name of Wife or Husband *none*Father's Name *Elmer Jumps* Father's Birthplace *Dor Co*Mother's Maiden Name *Nora Heatherly* Mother's Birthplace *Dor Co*Name of person giving information *Payton J. Heatherly* How related to deceased *uncle*

CAUSES OF DEATH

71 VPHYSICIAN
OR CORONERPrimary *falling* How long *1 hour*Immediate *concussion* How long *2 hours*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *G. Rogers Myers*Address *Hurlock - Md*

Accident or Suicide?



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Eliya A. Knowles* Town *Cambridge* County *Dorchester* MARYLAND

Died at *Cambridge* *Dorchester*

Date of death 19*40* Month *June* Day *9* Age *77* Months *1* Days *19*

Sex *Female* Color or Race *White* Birth-place *Delaware*

Occupation *None* Where Residing if not at place of death *Cambridge Md*

Married, Single or Widowed *Widow* Name of Wife or Husband *Grace H. Knowles*

Father's Name *Wm E. Willey* Father's Birthplace *Delaware*

Mother's Maiden Name *Annie Owens* Mother's Birthplace *"*

Name of person giving Information *Wm Waller* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *3 mos.*

Immediate *Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E.E. Wolff* Address *Cambridge, Md.*

Accident or Suicide



Name
in
Full

Curtis Lane Over one year

CERTIFICATE OF DEATH

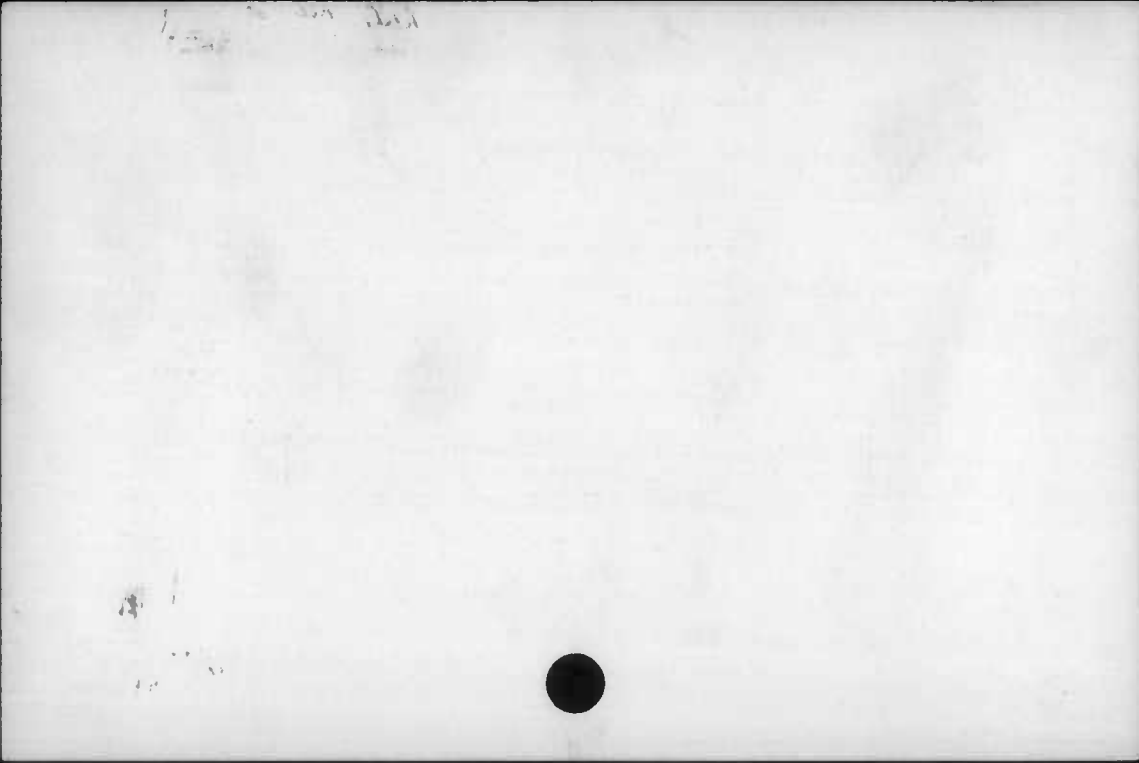
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madison</i> Town		<i>Dorchester</i> County		12 MONTHS	
Date of death <i>1910</i>	Month <i>1</i>	Day <i>29</i>	Age <i>8</i>	Years	Months
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Lewis Lane</i>			Father's Birthplace		
Mother's Maiden Name <i>Fannie Cornish</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 ds.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>R. L. Linthicum</i>
	Address <i>Church Creek Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Zebulon Mitchell

Town *Cambridge* County *Dorchester* MARYLAND

Died at *Cambridge*

Date of death 19*00* Jan. *7* Age *80* Months *5* Days *2*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Retired Farmer* Where Residing if not at place of death *Cambridge Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Ottellia M. Mitchell*

Father's Name *Zebulon Mitchell* Father's Birthplace *Maryland*

Mother's Maiden Name *Cassandra Bennett* Mother's Birthplace *Id.*

Name of person giving Information *Ottellia M. Mitchell* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Valvular disease + Left Pneumonia* How long *5 days (Pneumonia)*

Immediate *Exhaustion + Bronchitis* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *[Signature]* Address *Cambridge Md.*

Accident or Suicide ☐

Miss

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Norse Robinson*
Town *Lindwood* County *Dorchester*
Died at *Lindwood* *Dorchester* MARYLAND
Date of death 1900 Jan 29 Age *—* Months *—* Days *3*
Sex *Male* Color or Race *White* Birth-place *Maryland*
Occupation *Worm* Where Residing if not at place of death *Lindwood*

Married, Single or Widowed *Child* Name of Wife or Husband *—*
Father's Name *Clarence B. Robinson* Father's Birthplace *Maryland*
Mother's Maiden Name *Mary E. A. Hears* Mother's Birthplace *..*
Name of person giving Information *James C. Hears* How related to deceased *Grand father*

CAUSES OF DEATH

189
How long

PHYSICIAN
OR CORONER

Primary *death - 1 hour*
Immediate *death - 1 hour*
How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicida *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George Selby* Town *Cambodge* County *Dorchester Co*
Died at *Cambodge* Month *Jan* Day *15* Years *64* Months *—* Days *—*
Date of death *1900*
Sex *male* Color or Race *Black* Birth-place *Snow Hill*
Occupation *Shunter* Where Residing if not at place of death *Cambodge*
Married, Single or Widowed *Widow* Name of Wife or Husband *Don't know*
Father's Name *Prinell Selby* Father's Birthplace *Snow Hill*
Mother's Maiden Name *Jane Pinket-* Mother's Birthplace *" "*
Name of person giving Information *Mary Wells* How related to deceased *none*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Valvular Heart Disease* How long *from years*
Heart failure (fluid overload) How long *intense*
Immediate *tho*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *Wm. Wells*
Address *Cambodge Md*
Accident or Suicide



Name
in
Full

Louisa Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hurlock Town Horchester County

MARYLAND

Date of death 1960 Month Jan Day 14 Age 70 Years Months Days

Sex Female Color or Race white Birth-place Md

Occupation House work Where Residing if not at place of death

Married, Single or Widowed widowed Name of Wife or Husband Sam Smith

Father's Name Levin Willey Father's Birthplace Md

Mother's Maiden Name Annie Willey Mother's Birthplace Md

Name of person giving Information Sam Smith How related to deceased son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Valvular leision of heart yes

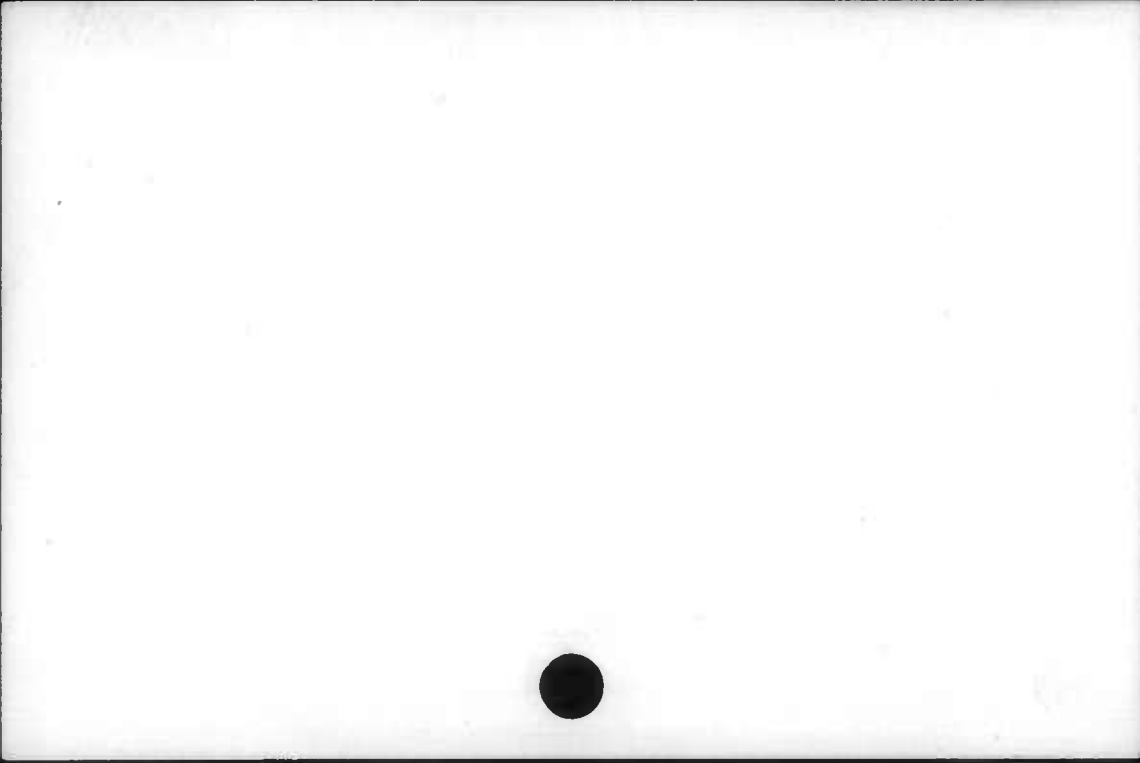
Immediate

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician D. Maguire Address Hurlock Md

How long 79 How long 6 months

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Baby Standley

Died at *Red Hill* ^{Town} *Larry 8th* ^{County} *Dorchester* **MARYLAND**

Date of death 19*60* ^{Month} *January* ^{Day} *8* Age ^{Years} *0* ^{Months} *0* ^{Days} *2*

Sex *Boy* Color or Race *Black* Birth-place *Red Hill*

Occupation *none* Where Residing if not at place of death *Same place*

Married, Single or Widowed *Single* Name of Wife or Husband *"*

Father's Name *John Stanley* Father's Birthplace *unknown*

Mother's Maiden Name *Mary Standley* Mother's Birthplace *"*

Name of person giving Information *Harrison Coleman* How related to deceased *neighbour*

CAUSES OF DEATH

Primary *"* *189* ✓ How long *unknown*

Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *had none*

Wm L. H. Della Address *East new market*

Accident or Suicide *no*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Gracy G Standley

Town

County

MARYLAND

Died at

Cambridge

Borchesters Co

Date

Month

Day

Years

Months

Days

of death

1980

Jan

23

Age

19

2

23

Sex

Female

Color or
Race

Black

Birth-
place

Cambridge

Occupation

House work

Where Residing if not
at place of death

Cambridge

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John W Standley

Father's
Birthplace

Cambridge

Mother's
Maiden Name

Mary E Padon

Mother's
Birthplace

Golden Hill

Name of person giving
Information

John W Standley

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pul. Tuberculosis

How long

4 mono

Immediate

Exhaustion of Pul Order

How long

Are the name, age, sex, color, date
and place correctly given above?

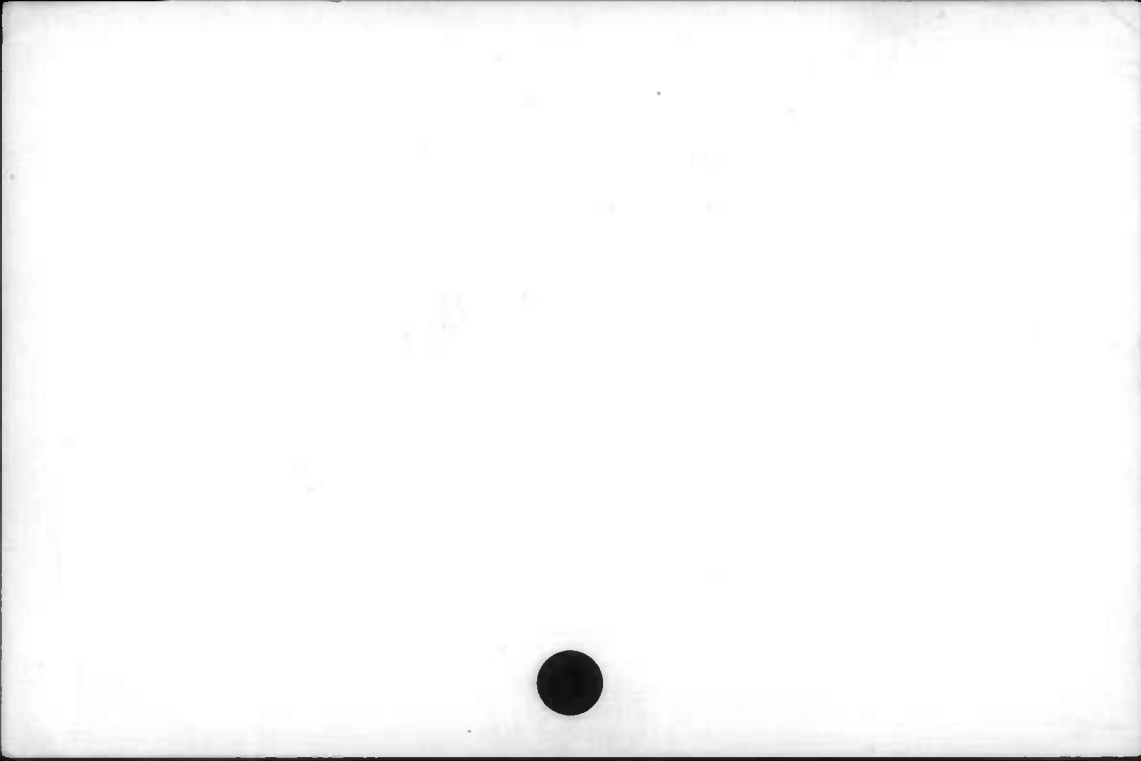
Yes

Signature of
Physician

Address

Gen Sleeth
Cambridge mdPHYSICIAN
OR CORONER

Accident or Suicide



Name
is
Full

CERTIFICATE OF DEATH

Virginia Pattison Stapleforte
Town County

MARYLAND

Died at Cambridge

Dorchester

Date of death 1960 Jan.

Day

3

Age

Years

67

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Housewife

Where Residing If not
at place of death

Cambridge "

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Wm. M. Stapleforte

Father's
Name

James Pattison

Father's
Birthplace

Laysan Island

Mother's
Maiden Name

Mary Grogan

Mother's
Birthplace

Laysan Island

Name of person giving
Information

1m Aurelia Poyan

How related
to deceased

Sister

CAUSES OF DEATH

79

V

Primary

Fatty degeneration of the Heart

How long

Several Years

Immediate

Rupture of heart

How long

A few minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. Goldsborough

Address

Cambridge

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Susan Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

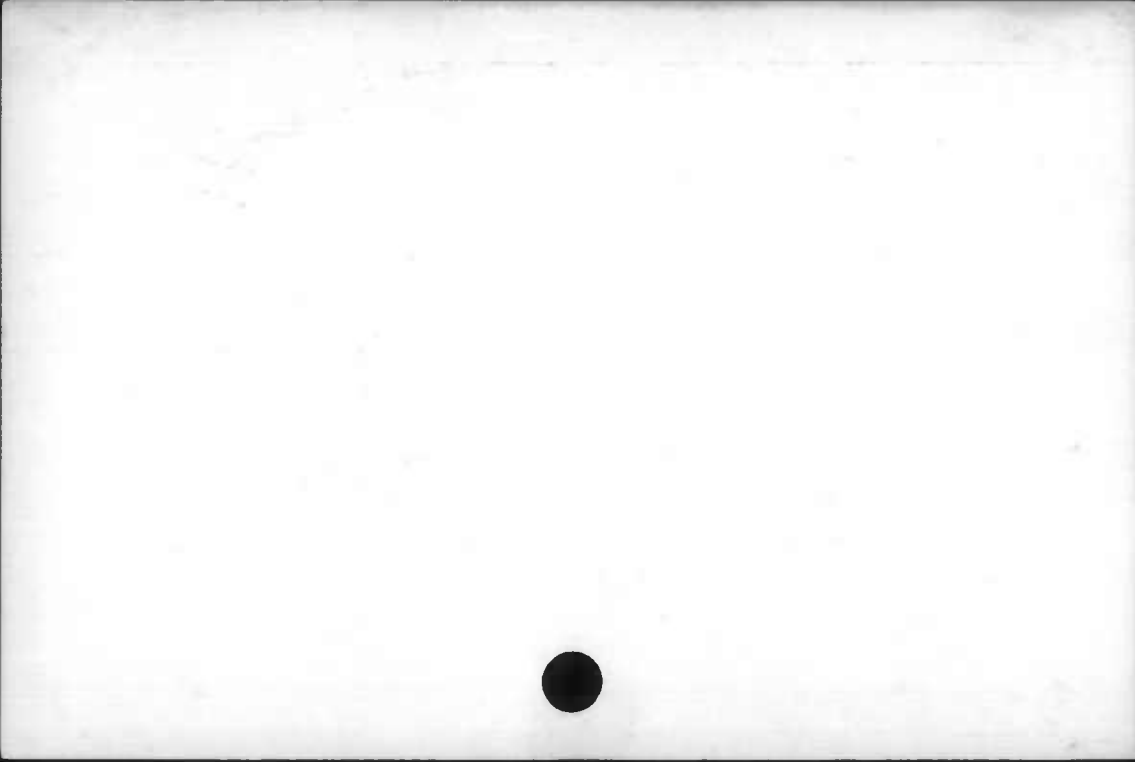
Died at <i>Town Point-</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1969 Jan 5-</i>	Month	Day	Age <i>80</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Church Creek</i>		
Occupation <i>House Keeper</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jenny Thomas</i>				
Father's Name <i>Sam Bell</i>	Father's Birthplace <i>Dorchester-</i>				
Mother's Maiden Name <i>Don't-Know</i>	Mother's Birthplace <i>Don't-Know</i>				
Name of person giving Information <i>John Bell</i>	How related to deceased <i>Don't-Know</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>Two weeks</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas W. Hawley, M.D.</i>
<i>No doctor called.</i>	Address <i>Health office</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1910		1	24	Age	—	2	
Sex		Color or Race		Birth-place		—	
Male		—		—		Md.	
Occupation				Where Residing if not at place of death			
—				189			
Married, Single or Widowed				Name of Wife or Husband			
—				—			
Father's Name				Father's Birthplace			
John Waters				Md.			
Mother's Maiden Name				Mother's Birthplace			
Melina Waters				Md.			
Name of person giving information				How related to deceased			
—				—			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Md. in attendance	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		W. Carroll	
—		Address	
—		Cambridge	
—		Md.	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

Betha Waters

Town

County

MARYLAND

Died at New Windsor

Archester

Date

1910

Month

Jan.

Day

2

Years

4

Months

11

Days

15

of death

190

Age

Sex

Female

Color or
Race

Black

Birth-
place

Archester Co,

Occupation

✓

Where Residing if not
at place of death

✓

Married, Single
or Widowed

Single

Name of Wife or
Husband

✓

Father's
Name

Isaac Coston

Father's
Birthplace

Spa Charles Co,

Mother's
Maiden Name

Mary L. Waters

Mother's
Birthplace

Archester Co

Name of person giving
Information

Mary Waters

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Enteric Fever

How long

4 weeks

Immediate

Tuberculosis

How long

about 4 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. Carroll

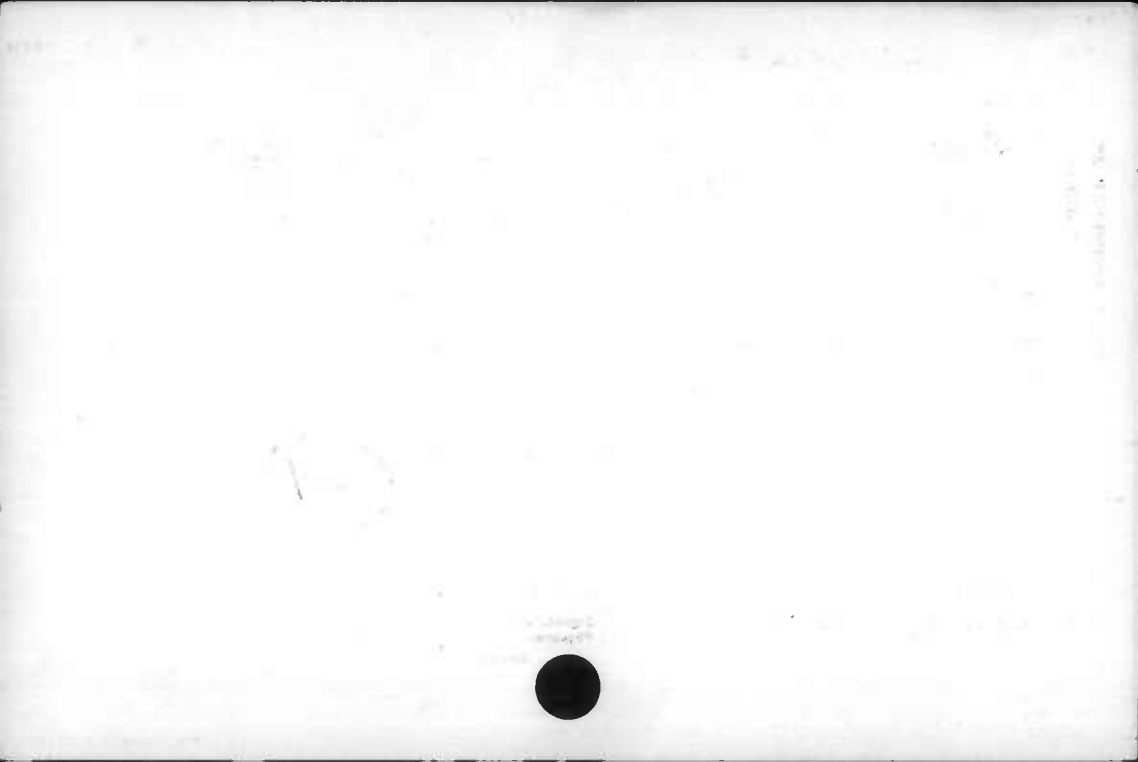
Address

Cambridge Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Wilson Waneke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} East New Market ^{County} Dorchester

MARYLAND

Date of death 1990 ^{Month} 1 ^{Day} 28 ^{Years} Age 80 ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} BohemiaOccupation Farmer ^{Where Residing if not at place of death}Married, ~~Single~~ ^{Name of Wife or Husband} Annie WanekeFather's Name don't know ^{Father's Birthplace} BohemiaMother's Maiden Name " " ^{Mother's Birthplace} RussiaName of person giving information Joseph Waneke ^{How related to deceased} Son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Dropsy, Bright's disease

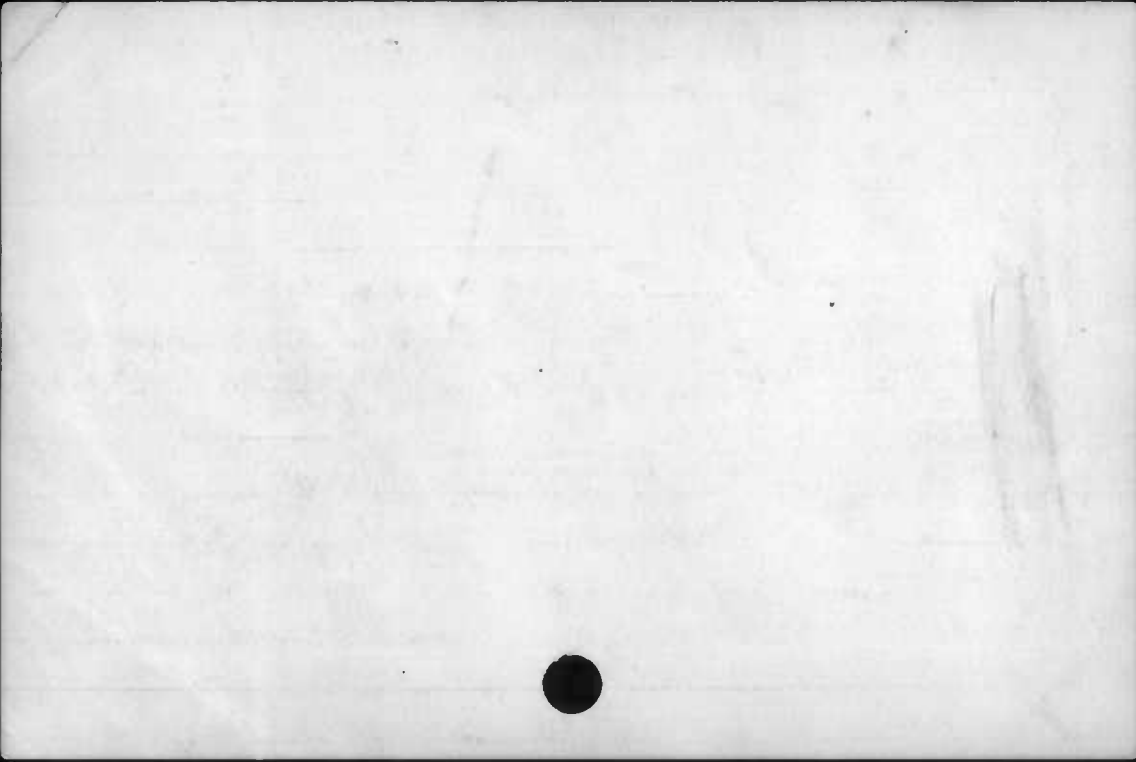
Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. A. Nichols

Address East N Market Md

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Sex	Male	Color or Race	White-	Birth-place	Ind
-----	------	---------------	--------	-------------	-----

Occupation *Wheelwright* Where Residing if not at place of death *Home*

Married, Single or Widowed	Married	Name of Wife or Husband	Emma Willoughby
----------------------------	---------	-------------------------	-----------------

Father's Name	John Willoughby	Father's Birthplace	Ind
---------------	-----------------	---------------------	-----

Mother's Maiden Name	Mary Thomas	Mother's Birthplace	Ind
-------------------------	-------------	------------------------	-----

Name of person giving Information	John W. Willoughby	How related to deceased	Son
-----------------------------------	--------------------	-------------------------	-----

CAUSES OF DEATH

Primary	How long
Bright-disco	Several years

Immediate *Mammis corna + cerebral hemorrhage* How long 6 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician D. H. [illegible]

Address East New York

Accident or Suicide 2nd

115 4.3

Name
in
Full

Alta Maria Woodland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Applegarth</u> Town <u>Norchester</u> County		MARYLAND	
Date of death 19 <u>60</u> Jan. 22 nd Age <u>0</u>	Month	Days	Months
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Applegarth, Md.</u>	
Occupation <u>Infant</u>	Where Residing if not at place of death _____		
Married, Single or Widowed <u>Infant</u>	Name of Wife or Husband <u>Infant</u>		
Father's Name <u>Charles T. Woodland</u>	Father's Birthplace <u>Norchester Co.</u>		
Mother's Maiden Name <u>Julia Mackins</u>	Mother's Birthplace <u>Norchester Co.</u>		
Name of person giving Information <u>Mrs. Julia Woodland</u>	How related to deceased <u>mother</u>		

CAUSES OF DEATH

8 V

Primary <u>Probably Whooping cough, Broncho Pneumonia, Meningitis,</u>	How long <u>Can not determine exact length, fullness, any</u>
<u>Unknown, died without medical attention</u>	<u>where from 2 to 6 weeks.</u>
Immediate <u>Said to have been convulsions.</u>	How long <u>12 hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Laurence P. Ashton J.P.</u>
	Address <u>Hoopersville Md</u>
Accident or Suicide	

Physician
OR CORONER



Name
in
Full

Unknown

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cambridge

St.

Date

of death *1980*

Month

Day

Years

Months

Days

Age

Sex

Male

Color or
Race

White

Birth-
place

unknown

Occupation

unknown

Where Residing if not
at place of death

unknown

Married, Single
or Widowed

unknown

Name of Wife or
Husband

unknown

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
Information

W. Harper

How related
to deceased

None

CAUSES OF DEATH

169

V

Primary

How long

Immediate

Recovered

How long

Are the name, age, sex, color, date
and place correctly given above?

*man found drowned
been in water
about one month.
Accident or Suicide*

Signature of
Physician

Chas. M. Humber MD

Address

Health Officer

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

